

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

☒ original

☐ design

☐ supplemental

☐ divisional

☐ continuation

☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title Of Invention: Gasoline Additive Concentrate Composition and Fuel Composition and Method Thereof

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), or (b))*

(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.

(b) ☐ was filed on _____ as ☐ as Serial No. _____ or Express Mail No. _____ and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

Michael F. Esposito, 29,506
David M. Shold, 31,664
Joseph P. Fischer, 31,758

Samuel B. Laferty, 31,537
Teresan W. Gilbert, 31,360
Jeffrey F. Munson, 45,705

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
 Patent Administrator - Mail Drop 022B
 29400 Lakeland Boulevard
 Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Jeffrey F. Munson
 (440) 347-5028

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Mitchell M. JacksonMitchell

(GIVEN NAME)

M.

(MIDDLE INITIAL OR NAME)

Jackson

FAMILY (OR LAST NAME)

Inventor's signature Mitchell M. JacksonDate 3/29/01 Country of Citizenship United StatesResidence 323 Whitetail Drive, Chagrin Falls, Ohio 44022Post Office Address Chagrin Falls, Ohio 44022Full name of second joint inventor, if any Keith C. CorkwellKeith

(GIVEN NAME)

C.

(MIDDLE INITIAL OR NAME)

Corkwell

FAMILY (OR LAST NAME)

Inventor's signature Keith C. CorkwellDate 3/29/001 Country of Citizenship United StatesResidence 14351 Chagrin Woods Drive, Newbury, Ohio 44065Post Office Address Newbury, Ohio 44065☒ This declaration ends with this page